

GENERAL REPORT

BY

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MEDICAL OFFICER OF HEALTH


FOR THE

CAISTOR

RURAL DISTRICT COUNCIL.

—❧—
31st DECEMBER, 1899.
—❧—

CAISTOR :
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To the Caistor Rural District Council.

GENTLEMEN,

I beg to forward you my Second Annual Report, being that for the year ending 31st December, 1899.

The Population for the District according to the last census is 14,618.

One hundred and eighty-two deaths and three hundred and forty-five births have been registered in 1899.

Birth and
Death Rates. I append the following tabulated statement of the Birth and Death Rates per 1,000 of the population :—

Caistor Sub-division.

Number of Births	214
Birth Rate	25·4
Number of Deaths	86
Death Rate	19·2
Death Rate from Zymotic Diseases ..	·10

Market Rasen Sub-division.

Number of Births	131
Birth Rate	21·06
Number of Deaths	88
Death Rate	10·9
Death Rate from Zymotic Diseases .	0

Combined District.

Birth Rate	23·23
Death Rate	10·5

Comparison of Birth and Death Rates last three years :—

	1897.		1898.		1899.
Birth	29·7	....	26·4	....	23·23
Death	13·1	....	18·1	....	10·5

From the above, it is clearly seen that the number of births has appreciably decreased in the district during the last three years. Whether this is merely accidental or part of a general process of depopulation, I am not at present in a position to state. The very small death rate was no doubt due to the abnormally warm winter and the absence of influenza.

The Death Rate from Zymotic Diseases is only ·01 per 1,000.

Age of Deaths.

Of the one hundred and eighty-two deaths that occurred in the district, eighty-seven (nearly half) were over 65 years of age and thirty-seven under one year, leaving only fifty-eight between those ages.

Cause of Death.

The chief causes of death during 1899 have been as follows :—

Bronchitis and Pneumonia	16
Heart Disease	15
Consumption	13
Cancer	10

Consumption.

The deaths from Consumption are two less than in 1898. The distribution of this disease is very instructive, being much more prevalent in the low-lying land than on the hills.

Infant
Mortality.

The Infant Mortality rate per 1,000 Registered Births is 107·2, as compared with 148·7 last year. This is a healthy sign, which may be attributed to the warmth of the winter. The chief reason that infant mortality is so large is the inappropriate feeding; a great improvement in that respect has taken place in the last ten years, but a great number of infants are still annually sacrificed.

Infectious
Diseases.

The following Infectious Diseases have been notified to me during 1899 :—

	1899.	1898.
Erysipelas	12	9
Enteric Fever.....	5	11
Smallpox	7	0
Scarlatina	8	36
Membranous Croup	1	0
Puerperal Fever.....	2	0
Diphtheria	0	5

General
Decrease.

Considering the year as a whole, it has been remarkably free from Infectious Disease, with the exception of the unfortunate epidemic of Smallpox at Caistor. Thus Scarlatina has decreased from thirty-six to eight, Enteric from eleven to five, and Diphtheria from five to nought.

Smallpox.

Unfortunately the general freedom from Infectious Diseases was more than counterbalanced by the recurrence of Smallpox in the district. In the last twenty years there have only been two cases, consequently the report of six cases in Caistor and one at Limber caused almost a panic. Grace Staniland, living at the Red Lion Livery Stables, Caistor, was the first victim, to be followed in a fortnight by her mother and brother and a maid-

servant. Grace Staniland, who was twelve years of age, was supposed to have been vaccinated as an infant, but bore no marks.

Origin. The origin of the disease is somewhat obscure ; in all probability from Hull or Grimsby. She had been to Grimsby and Cleethorpes about ten days before.

Arrangements for Isolation. Immediately the nature of the disease was discovered, a Hospital tent was erected in Mr. Fenton's field on the Brigg Road, and the patient was removed within twenty-four hours in charge of two nurses. The premises were thoroughly disinfected with formic aldehyd, and the rest of the inmates with carbolic baths.

There were eight people living in the house besides the patient, two of them being unvaccinated.

I vaccinated them all at once, and all took with the exception of Mrs. Staniland and Ronald. I vaccinated the last two, but they developed the disease simultaneously, and two days later Susan Coulbeck, the maid servant, developed the disease in a very modified form.

These cases were removed to the tent as they arose, and the premises of Mr. Staniland closed and thoroughly disinfected.

To provide for the accommodation of the new cases a new tent was procured from Messrs. Piggott Bros., of Cheapside, a shooting box was lent by Mr. Dorrington, and lambing houses by Messrs. Frankish and Martin.

On September 1st one of the nurses was taken ; she had not been vaccinated since infancy.

These five cases were isolated, from first to last only myself and one attendant having access to them during the whole time, the food being supplied already cooked by Mrs. Rogers, of the Red Lion Hotel. During the greater part of the time I gave my whole attention to the isolated cases, the Council supplying me with a locum tenens.

On September 15th Mrs. G. Capes, living in South Street, Caistor, was notified to me as suffering from Smallpox. She had not been near the tents, and was living on the other side of the town; she was not taken ill till twenty-one days after the removal of the last patient. She would not be removed to the tent, and as there were only three in family, I did not think it necessary to insist, and the case was isolated at home.

On October 28th I received a notification from Riby. It was a very mild case, and was dealt with successfully at home. He had never been to Caistor.

Considering the number of persons living in the house where the first case occurred at Caistor, and the number of people who are in the habit of using Mr. Staniland's stables, I think this is a very satisfactory result. With the exception of Mrs. Capes, the disease was entirely confined to the one family. I attribute this happy result to the energy displayed by the Chairman, Clerk, and Council generally, who did everything in their power to stamp out the disease.

Cost.

The cost, including tents, was approximately £250, which compares very favourably with the result obtained by some of our neighbours.

Vaccination. Does the result strengthen the case for Vaccination or not? Undoubtedly it does. The first case was the only bad one, and she was unvaccinated. Mrs. Staniland and Ronald did not take till they had contracted the disease, and yet they were very little troubled by it, and Susan Coulbeck, who was vaccinated immediately before, was hardly inconvenienced at all. The other two were vaccinated in infancy, and had the disease in a modified form, though they had long passed the time recommended for re-vaccination. Thus regarded as a treatment alone, it is invaluable.

Another point of interest was the excellent state of health maintained by the patients practically living in the open air. I have never seen anybody get up after lying in bed for six weeks so strong and healthy.

Enteric Fever. Five cases of Enteric Fever have been reported to me this year; one at West Rasen, one at Lissington, two at Caistor, and one at Keelby.

The case at Lissington School was due to the insanitary condition of the closet and urinals. The contents of the closet used by the females had drained into a large vault near the house, which had not been cleared out for years, and which emitted a very obnoxious smell. The whole building has been altered and re-arranged, the vault being filled in.

The case at West Rasen was due to an open drain immediately outside the house, which had been blocked up for some time. This has been rectified.

The first case at Caistor was a little obscure, but the closet accommodation is much too close to the house,

and there are no conveniences for cleaning out the boxes. Steps are being taken to remedy this.

The second case at Caistor was also due to the close proximity of the closet to the back door, to which it was attached by a covered way. The whole of the closet accommodation on this property at Quarry Terrace is in a very bad state of repair. Unfortunately, there are certain difficulties in the way of getting them repaired, but steps are being taken, and will no doubt be successful.

The case at Keelby was very obscure.

Scarlatina. Only eight cases of Scarlatina have been notified this year, viz., four at Glenthams, one at Tealby, two at Linwood, and one at Snitterby.

Puerperal Fever. Two cases of Puerperal Fever have been notified to me this year, which is a little extraordinary, as it is but rarely medical men acknowledge this disease nowadays.

Erysipelas. Twelve cases of Erysipelas have been notified in 1899, but they were all idiopathic, and not of much consequence from a sanitary point of view.

IMPROVEMENTS.

Bigby. The sewage of the Rectory and six houses have been diverted from the roadside into a tank.

Bishop Norton. Nine new closets with covered ash-bins have been provided. The closets are built with the floor at a higher level than that of the ash-bin, so that the urine drains away easily. The ash-bins are made small, to compel the tenant to clean them out once a month.

Caistor. The row of houses known as Hanson's Terrace has been greatly altered and improved. The soil has been taken from the back, and the rain-water diverted. The causeway has been repaired, and the drains trapped and ventilated.

The spring in front has been opened up to its source, and walled-in in a covered tank, whence it is carried in sanitary pipes to the outlet. The highway drain running beside has been repaired.

In consequence of a severe report by the Sanitary Inspector, a scavenger has been appointed during the last three months and a cart has been procured. This is a much-needed reform, as it has been almost impossible for a great number of the inhabitants to get their refuse regularly removed. Several old-fashioned vaults have been filled in, but there are a great many left.

Claxby. A supply of pure water from Normanby Hill has been provided by the owner, the Earl of Yarborough, and distributed at convenient places by stand-pipes.

Glentham. One hundred and fifty yards of new Sewer, consisting of 6 and 9in. sanitary pipes, have been laid in the main street.

Grasby. One hundred and twenty yards of Sewer have been added to that already laid down last year. This much-needed improvement has made a considerable difference to the village. To complete it, however, proper arrangements should be made for flushing.

North Kelsey. A long length of Sewer has had to be re-laid. The roots of an elm had grown between the improperly cemented joints. Regular arrangements have been made here for flushing.

General. Apart from the villages named, a large number of modern closets, with ash-bins attached, have been built throughout the district, and a great number of nuisances removed by informal notices.

REQUIREMENTS.

Caistor. During the last three months of this year Caistor has been almost suffering from a water famine. The Spring in front of Hanson's Terrace has been dry, and more than three-quarters of the private wells. This has necessitated a great number of people carrying water for all purposes considerably over two hundred yards. This is a matter of very great importance, as some of the houses are fitted with water closets, which require a great deal of water to flush properly.

This is an annual occurrence, but it has been worse than usual this year.

A property known as Quarry Terrace requires thoroughly renovating. The closets should be demolished, and built further back on a modern plan, and all vaults filled in.

Keelby. A Sewer is required in the Main Street on the east side.

North Kelsey. A house in the occupation of a man named Jeffrey has been condemned as unfit for occupation for some time, but is not yet closed. It should be at once.

Nettleton. The Lease for the supply of water to Nettleton has been signed for three years, yet the work has not yet even been commenced. This is a matter that is urgently needed, and should be attended to at once.

Middle Rasen. A proper water supply is urgently needed here. The majority of the wells are surface, and most of them open. A great number are even unfit for domestic purposes.

West Rasen, Six houses on the Toft Road need better water.

Tealby. In some parts of Rasen Road and Cow Lane twenty-five houses in all urgently require better water. I analysed a great number of these wells, and reported on the matter to the Board. A Committee was appointed to enquire into the matter, but they made no recommendations.

Besides the above fairly large centres of population requiring water, there are a great number of isolated houses throughout the district urgently requiring attention. Most of the cases I have given could be supplied with good water without any great difficulty.

General. Bye-laws are urgently needed in the district. Badly-arranged closets, ash-bins, and other domestic outbuildings are being perpetuated, and create nuisances as soon as made. It is impossible to work efficiently if any man can build whatever pattern of closet he likes. A great deal more attention will have to be given in the future to the accommodation of the working classes. A great number of houses in the district are really unfit for habitation, though it is very hard to know where to begin.

FRANCIS R. S. GAMAN,

M.R.C.S. ENG., L.R.C.P. LOND.,

*Medical Officer of Health to Caistor Rural
District Council.*

(A)

(A)

(A)

(A)

(A)

NOTES ON TABLES A AND B.

1. Medical Officers of Health of "Combined Districts" must make a separate Return for the District of each District Council.
2. Medical Officers of Health acting for a portion only of the District of a District Council should write, in the heading of the Table, the designation of the Division for which they act.
3. The words "Urban," "Rural," or "Metropolitan," must be inserted in the appropriate space in the heading, according as the District is Urban or Rural, or is within the Metropolitan Area.
4. The "Localities" adopted for the purpose of these statistics should be areas of known population; such as parishes, groups of parishes, townships or wards.

As stated at the head of the first Column in each Table, *Public Institutions* should be regarded as separate localities, and the deaths in them should be separately recorded. Workhouses, Hospitals, Infirmarys, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are Public Institutions for the purpose of these statistics.

5. The deaths which have to be classified in this Table (A), and summed up in the horizontal line of "Totals," are the whole of those registered as having actually occurred in the several localities comprised within the Division or District. But the registered number of deaths, frequently requires correction before it can give an exact view of the mortality of a Division or District, and the two lowest horizontal lines are provided for the purpose of enabling Medical Officers of Health to indicate, to the best of their ability, what the extent of such correction should be. Details concerning the corrective figures, *e.g.*, the institutions that have been considered, or the particular localities to which corrections apply, may appear in the text of the report or in supplementary tables.

**Area and Population of the District
or Division to which this Return
relates.**

Area in Acres, 117,150.

Population (last Census), 14,618.

Estimated to middle of 1899, 14,618.

Death Rates.	{	General 23.23	{	per 1,000 Popula- tion, estimated to middle of 1899.
		Infant (under one year of age) 107.2		per 1,000 Births Registered.

In recording the facts under the various headings of Tables A and B, attention has been given to the notes endorsed on the Tables.

FRANCIS R. S. GAMAN, *Medical Officer of Health.*

(Date) February 20th, 1900.

(B)

TABLE OF POPULATION, BIRTHS, and of NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the Year 1899, in the Sanitary District of the Caistor Rural District Council; classified according to Diseases, Ages, and Localities.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; public institutions being shown as separate localities. (See note 2 on back of Sheet). (a)	POPULATION AT ALL AGES.		Registered Births. (d)	Aged under 5 or over 5. (e)	NEW CASES OF SICKNESS IN EACH LOCALITY, COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.													NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITAL.												
	Last Census. (b)	Estimated to middle of 1899, (c)			1 Smallpox.	2 Scarlatina.	3 Diphtheria.	4 Membranous Croup.	FEVERS.					10 Cholera.	11 Erysipelas.	12	13	1 Smallpox.	2 Scarlatina.	3 Diphtheria.	4 Membranous Croup.	FEVERS.					10 Cholera.	11 Erysipelas.	12	13
									5 Typhus.	6 Enteric or Typhoid.	7 Continued.	8 Relapsing.	9 Puerperal.									5 Typhus.	6 Enteric or Typhoid.	7 Continued.	8 Relapsing.	9 Puerperal.				
CAISTOR (H)	8400	8400	214	{ Under 5 5 upwds.	0 7	..	..	1 0	..	0 3	..	..	0 2	..	0 7	..	..	0 5	..	..	..	..	..	..	..	..	..	..	..	..
MARKET RASEN.....	6218	6218	131	{ Under 5 5 upwds.	..	0 8	..	..	..	0 2	..	..	..	..	0 5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	14618	14618	345	{ Under 5 5 upwds.	0 7	0 8	..	1 0	..	0 5	..	..	0 2	..	0 12	..	..	0 5	..	..	..	..	..	..	..	..	..	..	..	..

State here whether "Notification of Infectious Disease" is compulsory in the District—Yes. Since when?—December 31st, 1889. Besides the above-mentioned Diseases, insert in the columns with blank headings the names of any other diseases that are notifiable in the District, and fill the columns accordingly. State here the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which such Hospital is situated; or if not within the District, state where it is situated. A Hospital is being built at Osgodby.

NOTES ON TABLE B.

(See also Notes on back of Table A.)



NOTE 1. The present *Table B.* is concerned with population, births, and sickness (not with mortality) in the District or Division to which the Table relates.

2. As stated in the heading of Column *(a)*, *Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmarys, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are Public Institutions for the purpose of these statistics.

3. *Comments on any unequal incidence of notifiable disease upon the several localities, and considerations as to the local incidence of consumption and other prevalent diseases, should be made in the text of the Report.*